

# *Certificate of Completion*

## *State of Maryland Workers' Compensation Commission*



This is to certify that  
**ARTHUR FLAX**

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has successfully completed the MCRSP Workshop and has thereby  
satisfied the mandatory requirements set forth by  
COMAR 14.09.05.02E for Vocational Rehabilitation  
Service Practitioners.

**G0235**

Practitioner Number

**02/08/2023**

Date

A handwritten signature in cursive script, reading "Regina Brown".  
Director of Support Services Division